Hearing

least 70° field of vision in horizontal meridian measured in each eye. The use of cor-hearing aid OR average hearing loss in better ear at less than 40 dB.

Standard: Must first perceive whispered voice at not less than 5 feet (with or without

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At

Enter applicable item number before each comment.

rective lenses sho	uld be noted on the M	edical Examin	er's Certificate.			and the second	State and the state of the state of	State Company				
Acuity	Uncorrected	Corrected	Horizontal Fie	ld of Vis	sion	Check if hearing aid used for test: ○ Right Ear ○ Left Ear ○ Neither						
Right Eye:	20/	20/	Right Eye: degrees		OC.	Whisper Test Results Right Ear Left Ear						
in an area		A Commission of the Commission	200 - 200 -		Record distance (in feet) from driver at which a forced							
Left Eye:	20/	20/	Left Eye:	_degre		whispered voice can first be heard						
Both Eyes:	20/	20/		Yes	No	OR						
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors					0	Audiome Right Ear	tric Test Res					
Monocular vision					0	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz	
Referred to ophthalmologist or optometrist?					0							
Received documentation from ophthalmologist or optometrist?					0	Average (right): Ave			Average (l	/erage (left):		
PHYSICAL EXA	MINATION											
is readily amen Also, the driver result in a more	f a certain condition able to treatment. Ev should be advised to serious illness that	en if a condit take the nee night affect o	ion does not di cessary steps to	qualify	a dr	iver, the Me	edical Examin	ner may consi	der deferring	the driver tem	porarily.	
Check the body	systems for abnorn	nalities.										
Body System			Normal	Abnor	mal	Body Sys				Normal	Abnormal	
1. General			O	0	0	8. Abdomen				0	0	
2. Skin			0	0		Genito-urinary system including hernias				0	0	
3. Eyes			0	0	Ê	10. Back/Spine				0	0	
4. Ears			0	0	Ò	11. Extrer	mities/joints	0	0			
5. Mouth/thro	at		0	0		12. Neuro	ological syste	0	0			
6. Cardiovascular				0		13. Gait				0	0	
7. Lungs/chest	Lungs/chest O					14. Vascu	lar system	0	0			

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV.

(Attach additional sheets if necessary)